## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

	correspondence including the helow or directed oth		) specifying a new corres	spondence address; a	d). Blocks 1 through 5 sh l be mailed to the current nd/or (b) indicating a separ	rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
21839 BUCHANAN, POST OFFICE I ALEXANDRIA	2009 ROONEY PC	I he Stat addi tran	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below			
						(Depositor's name)
						(Signature)
			<u> </u>			(Date)
APPLICATION NO	FILING DATE		FIRST NAMED INVENTOR	. /	ATTORNEY DOCKET NO	CONFIRMATION NO
10/563,327	10/563.327 12/30/2005		Akira Imai	032865-026		6765
TITLE OF INVENTION	: METHOD OF IDENTI	FYING MOVING BODI				
APPLN: TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE		DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	04/29/2009
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	]		
NGUYEN, TAN QUANG		3661	701-001000			
CFR 1 363)  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached Use of a Customer Number is required.  3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed			
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Com GNEE	ified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CIT)	patent. If an assigned assignment. Y and STATE OR CC	e is identified below, the deposit of the deposit o	
Please check the approp	riate assignee category of	categories (will not be p				
4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO 2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
5. Change in Entity Sta	atus (from status indicate	d above)			L PATERNY - L. S 27 C	EB 1 27(a)/2)
a. Applicant clain	ns SMALL ENTITY stat	us. See 37 CFR 1.27. suired) will not be accepte	b. Applicant is no lo	the applicant; a regis	L ENTITY status. See 37 C tered attorney or agent; or the	ne assignee or other party in
interest as shown by the	records of the United St	ates Patent and Trademar	k Office.			
Authorized Signature	Fildlenn (	Lowand		Date $\frac{2/2}{}$		Anguagement of the contract of
Typed or printed nam	nc <u>William (</u>	C. Rowland		Registration No		
					ne public which is to file (an innutes to complete, includionments on the amount of tifrademark Office, U.S. Dep. SEND TO: Commissioner isplays a valid OMB contro	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, I number.